| FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE | Reset Fe | orm | FORM DR-2 | DISCLOSU |
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| COMMITTEE NAME (Must be same as on Statement of Organiza | ation) | <u> </u> | Rev. 07/2003) | REPORT |
| IMPORTANT: Indicate type of committee you are reporting for: | | 1 1 | or Office Use O | |
| (1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4) | County/Local Candidate | Lo | ogged In | |
| (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Cent (8)Support Slate of Candidates | ral Committee | . I i | canned omputer | |
| CANDIDATE COMMITTEES ONLY: | | AEIFIG | BECAMPAR | 77-7 |
| Candidate Name Tohnson | olitical Party | DISCLO | SUPEBOARI | 5 |
| Office Sought Di | istrict (if Senate or House) | рст | 3 2003 | ı |
| City Council at - large | | | | |
| Karas D. Dolanas | 382-378 | | 7=7 | 7-03 |
| SIGNATURE OF TREASURER (or person filing this report) | TELEPHONE | | DATE S | |
| Late filed reports are subject to p | ossible civil and crir | ninal p | enalties. | |
| SEE INSTRUCTIONS ON BACK AND COMPLETE THE FO | OLLOWING SENTENCE | <u>::</u> | | |
| I AM FILING A Five days prior to electio RE | EPORT FOR AN/A (1) ELE | CTION /(| 2)NON-ELECT | TION YEAR. |
| Indicate one | _ | | | |
| CHECK IF AMENDMENT TO REPORT DATED | | Local Com | mittees, enter D | ate of Election |
| | | Nou | .4,200 | 3 |
| | | | _ocal Committee | s, enter Count |
| Check if this is final (termination) report and attach Notice of Discolu (You must continue to file reports until a Notice of Dissolu | ssolution Form DR-3. | which Elec | Local Committee tion is held | s, enter Count |
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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form **MONETARY** (Rev. 07/03) **RECEIPTS** CHECK THIS BOX IF COMMITTEE NAME (Must be same as on Statement of Organization) AMENDING FORM Committee For Johnson

SCHEDULE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOR FUND- RAISER INCOME |
|--|---|---|--|--------------------|---------------------------------------|
| 9/23/03 | ID# CK# 6 237 | Rick and Kerry Johnson 209 Leif Erikson Dr. Decord ITA 52101 | Me mel Candidate + Spouse | \$ (00% | |
| 9/23/03 9/23/03 9/23/03 9/29/03 | ID# CK# <i>5</i> 687 | Steve Hubbard & Livdy Borske-Haganas 305 LEIF ERIKISN DR. Deconal, IA 52101 | | 100.00 | |
| 9/23/03 | CK# 43 17 | Marion Beatly 1203 Skyline Dr. Decoral, IA 52101 | | 100.00 | |
| 9/29/03 | | Don 610 @ BOI Ridgo Rd. Decorah, IA 52101 | | 25 ∞ | |
| | CK# | | | | |
| | ID# CK# | | | | |
| | | • | SUB-TOTAL | ·27<0 | |

TOTAL (if last page of this schedule)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

| FOR | INSTRUCT | TONS SER | E BACK O | E EORM |
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| OR INSTRUCT | IONS, SEE BACK OF FORM | | SCHED | - 1 | |
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| _ ا | NAME (Must be same as on Statement of Organization) | | (Rev. 08 | 8/98) INDE | NCURRED EBTEDNESS |
| NOTE: Debts | previously reported that remain unpaid must be included on this ule, as well as any new obligations incurred in this period. | Reset Form |] ! | CHECK T F AMENI FORM | THIS BOX DING |
| | LIGATIONS REMAINING THIS REPORTING PERIO ICLUDE LOANS SHOW LOANS ON SCHEDULE | = | goods or received end of th regardles | r services o , but not pa ne reporting | aid for by the |
| DATE INCURRED (MM/DD/YR) | NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED | DESCRIPTION OF GOODS SERVICES PROVIDED C PURCHASED | | CLO REPO | E OWED AT OSE OF ORTING RIOD* |
| 9-23-63 | Advertising Features (o. P.O. Box 3750 URBANDALE, IA 50322 | 250 yord signs \$3.24 earl. | 0 | 81 | 0. ºº |
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| | TOTAL DEBTS OWED BY COMMITTEE AT T | HE END OF THIS REPORTING P | ERIOD | \$ 810 |). 00 |
| actual figure is | unknown, show "estimated" beside the figure. | | Page | (for Sch | of |

CANDIDATE COMMITTEES NOTE:
*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

| DISCLOSURE SUMMARY PAGE COMMITTEE NAME (Must be same as on Statement of Organization) F*, U G.I.LUSG*.) IMPORTANT: Indicate type of committee you are reporting for: (§ State-wide Legislative Candidate (§ State-wide PAG 4) State Party (4) County Local Candidate (S 1) State Party (4) County Local Computer (S 1) State Party (4) County Local County Local Computer (S 1) State Party (4) County Local County Indicate one (CHECK IF AMENDMENT TO REPORT DATED Y/Z, 1/43 Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (Note and the Local County Indicate Candidate (S 1) State Party (4) County Local County Indicate Candidate (S 1) State Party (4) County Local County Indicate Candidate (S 1) State Party (4) County (4) County (5) State Party (4) County (6) County | COMMITTEE NAME (Must be same as on Statement of Organi F', U 6.11.US6'.) MPORTANT: Indicate type of committee you are reporting for: (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4 (5) County PAC (6) Ballot Issue Franchise Committee (7) County/City Cell (8) Support Slate of Candidates CANDIDATE COMMITTEES ONLY: Candidate Name | Political Party District (if Senate or House) A t - G,ee6 (:63)3yZ -3 -7 2 TELEPHONE | | (Rev. 07/2003) For Office Use C Comm. # Logged In Scanned Computer Audited | REPORT |
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| be zero) (Attach DR-3) \$ 1 **UNPAID BILLS (From Schedule D - Attach Schedule D) ? 0-Cf. *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 8 / O O O **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ | Schedule F: Loan Repayments total (Attach Schedule I | F) | | | |
| **UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 8 / O O O | CASH ON HAND at the end of this reporting period (if final repor | rt, balance must | | | |
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| *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ | **UNPAID BILLS (From Schedule D - Attach Schedule D) | 0.0 Cf | _ | \$ 8/0 | 0.00 |
| **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) | , | le E) 1/2, -IF/,] | | | , |
| | **OUTSTANDING LOANS (From Schedule F - Attach Schedule | (F) | | | |
| CANDIDATE COMMITTEES UNLT: | CANDIDATE COMMITTEES ONLY: | * * / | | Ψ | |
| | | · ·) | | | |
| | VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach | -, | | Y | YES NO |

For instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

| COMMITTEE NAME (Must be s | ame as on | Statement of Organization) | |
|---------------------------|-------------|----------------------------|--|
| <u>omisti:f7Z~_</u> %> | <i>P0c?</i> | J: 4AAfOtJ | |

| 1 | SCHEDULE | |
|---|--------------------------|------------------------------|
| J | A (Rev. 07/03) | MONETARY RECEIPTS |
| | Q CHE | CK THIS BOX IF NDING FORM |

cot Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | IF FOR FUND- RAISER INCOME |
|--------------------------------|---|--|--|--------------------|-------------------------------------|
| | ID# | | | | |
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| 1-110-3 | CK# | D2. | | С | |
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| | 1 | I | SUB-TOTAL | 1000 | |

TOTAL (if last page of this schedule)

Page<mark>€ of<u>2-</u> (for Schedule A)</mark>

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

| FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE | Reset For | form | | |
|---|----------------------------|-----------------|---------------------------|--|
| COMMITTEE NAME (Must be same as on Statement of Organization) | | (Rev. 07 | | |
| COMMITTED FOR JOHNSON | | For Offic | e Use Only | |
| IMPORTANT: Indicate type of committee you are reporting for: | | Comm. # | 1 | |
| (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Con (8) Support Slate of Candidates | Local Candidate imittee | Scanned | · | |
| CANDIDATE COMMITTEES ONLY: | | Audited | | |
| Candidate Name Political KIRIC JOHNSON | Party | | | |
| | (if Senate or House) | NOV | ^{0 3} 2003 | |
| CITT COUNCIL AT | - LARGE | | | |
| SIGNATURE OF TREASURER (or person filing this report) | 563-382-378 | 54 | 07 + 30, 2003 | |
| SIGNATURE UP TREASURER (or person filling this report) | TELEPHONE | | DATE SIGNED | |
| Late filed reports are subject to possi SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLO | WING SENTENCE | <u>:</u> | | |
| I AM FILING A FIUE DAS PAIGA TO ELCONN REPOR | F FOR AN/A (1) ELEC | CTION /(2)NON | I-ELECTION YEAR. | |
| Indicate one 1 | . T | ocal Committees | s, enter Date of Election | |
| CHECK IF AMENDMENT TO REPORT DATED 607, 5, 20 | i i | Nov. 4 - | mmittees, enter County in | |
| Check if this is final (termination) report and attach Notice of Dissolution Form DR-3 | | | th Election is held | |
| | | | | |
| STATEMENT OF CA | SH ON HAND | | | |
| CASH ON HAND at the beginning of the reporting period. (This is the to by the committee. This amount MUST be the same as the cash of the last reporting period, or must be zero if this is first report to | on hand at the end | \$ | 47500 | |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | | | - 4- | |
| Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) | | | | |
| Schedule F: Loans Received total (Attach Schedule F) | | | | |
| Schedule H: Total Sales of Campaign Property (Attach Schedu | le H) | | | |
| (Schedule H applies to Candidates' Committees Or | nly) | | | |
| SUPERACT TOTAL MONEY OPENET THIS REPLOD | SUB-TOTA | L\$ | 2,209.00 | |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | | | 2 142 26 | |
| Schedule B: Expenditures total (Attach Schedule B) (**also see | | | <u> </u> | |
| Schedule F: Loan Repayments total (Attach Schedule F) | | ······· | | |
| CASH ON HAND at the end of this reporting period (if final report, balance be zero) (Attach DR-3) | | \$ | 65.74 | |

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

| (molauling candidate's personal rands) | |
|---|-------------|
| COMMITTEE NAME (Must be same as on Statement of Organization) |] |
| COMMITTEE FOR JOHNSON | |

| SCHEDULE | | | | |
|---------------------------------|----------------------|--|--|--|
| A (Rev. 07/03) | MONETARY RECEIPTS | | | |
| CHECK THIS BOX IF AMENDING FORM | | | | |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOR FUND- RAISER |
|---|---|--|--|--------------------|-----------------------------|
| 10/ 03</td <td>NUMBER ID# CK# CASIL</td> <td>DURNE BRUENING 301 PLEAFANT HILL DESCARA, IS SZIOT</td> <td></td> <td>\$ 100.00</td> <td>INCOME</td> | NUMBER ID# CK# CASIL | DURNE BRUENING 301 PLEAFANT HILL DESCARA, IS SZIOT | | \$ 100.00 | INCOME |
| 10/5/03 | ID# CK# <i>COS H</i> | GREG BRUDING GREG BRUDING GREGORAL, IA SZIOT | 0 100 100 100 100 100 100 100 100 100 1 | 150,00 | |
| 10/5/03 | ID# CK# (PS) H | LETH BRUEVING 702 DAYST, DECORAL, IA SUOT | | 150.00 | |
| 15/03 | ID# CK# Cash. | ELDAN TUCKER 102 WESTERN DECORDH, IA 52101 | | 100.00 | |
| 10/04/03 | ID# CK# 1276/ | DAVE + JOT ROSCIEN GOZ JONA AVE NECORAH, FA SZNOT | | 2520 | |
| 10/08/03 | CK# // 9 | MARK HUMBLAND 1502 LAUREL DR. BOX 73 DECORAN, IA SZAST | | 100,00 | |
| 10/09/03 | CK# 203 | CHUCK GIPP HIGH STREET DECORAN, TA 82101 | | 5030 | |
| 10/09/03 | CK# 2063 | HERRY KUROUS. 413 Turn view Dr. DECORAN, IA SZROT | | So.30 | |
| 10/01/03 | CK# 575 4 | AC TALLOR 1001 WORSIDE CT. AEUDADH, JA SZAOT | | 100.00 | |
| Worls | CK# 2789 | DECOMON, IN SZADI | OUR TOTAL | 10000 | |
| | | | SUB-TOTAL | A1600 | |

TOTAL (if last page of this schedule)

Page _____ of _____

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

| For Instructions | . See | Back | of | Form |
|------------------|-------|-------------|----|------|
|------------------|-------|-------------|----|------|

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE FOR JOWSON

| SCHEDULE | | | |
|---------------------------------|----------------------|--|--|
| A (Rev. 07/03) | MONETARY RECEIPTS | | |
| CHECK THIS BOX IF AMENDING FORM | | | |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOR FUND- RAISER INCOME |
|--------------------------------|--|--|--|--------------------|---------------------------------------|
| 10/09/03 | ID# CK# 434 U | DAVID (ARLSON) 110 WESTERN DECORAN, FA 52101 | | \$1000 | INCOME |
| 10/07/03 | CK# 46 (/ | MIKE VOLTMER WB W. BRONDWAY DECOMM, IA 52101 | | 15000 | |
| 10/09/03 | CK# 2019 | ROGER MEYER SUS DECORAT AVE DECORATION SZIVI | | 5000 | |
| 10/10/03 | ID# CK# 3467 | RHONDA THOMOSON 730 RIDUE RD DECORAH, IA 52101 | | 2500 | |
| 10/12/03 | CK# 2876 | SUSAN DOTLE PO BOX 448 DECORPH, TA 52001 | | 5000 | |
| 6/12/03 | 1 10 | JOHN KERNOT 2715 US HUNT 52 DECERAN, IA 52101 | | 5000 | |
| 10/19/03 | CK# CASH | DIMUE FIE 614 CRESCENT AVE. DECOMB, IA SZIOI | | 40.00 | |
| 10/20/03 | ID# CK# [0] 4 | ROSEANNE ZAHAJKY PO BOX 257 DECORAH, IA 52101 | | 5000 | |
| 10/22/03 | CK# 3325 | STANLER FINIBLE 1813 TROUT RUN AD. PEGORAH, TA 52101 | | 15000 | |
| 10/23/03 | ID# Ск# 9329 | LOREN KIEL 610 STANWOOD DR. DEGORAH, IA 5710) | | 5000 | |
| | | | SUB-TOTAL | ·715@ | |

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 3 (for Schedule A)

TOTAL (if last page of this schedule)

For Instructions, See Back of Form

Reset Form

SCHEDULE

Α

MONETARY

CONTRIBUTIONS -- MONEY TAKEN IN

| (Including candidate's personal funds) | (Rev. 07/03 | RECEIPTS |
|---|-------------|----------------------------------|
| COMMITTEE NAME (Must be same as on Statement of Organization) | _ | HECK THIS BOX IF MENDING FORM |
| COMMITTEE FOR JOHN SOW | | |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOR FUND- RAISER INCOME |
|--------------------------------|---|---|--|--------------------|---------------------------------------|
| 10/23/03 | CK# _&\$0 | LES ASKERSON 908 PINE RIDGE CT. DECORAN JA 52101 | | \$ 5000 | |
| 10/23/03 | | 4 UNITED CONTRIBUTIONS | | 1900 | |
| W/27/03 | | (\$5,5,5,0 4) D; ANE TACKE 726 RIDGE RD. 726 DECORAN, JA 52101 | | 2500 | |
| | ID# CK# | | | | |
| | ID# | - 1 | | | |
| | ID# CK# | | | | |
| | ID# CK# | | | | |
| | | | SUB-TOTAL | 9400 | |

TOTAL (if last page of this schedule)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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| 2000 | -80 m | 3 6 5 8 | m | |
| 23333 | (3.00) | | | |
| - | **** | | | |

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| SCHEDULE | |
|--------------|----------------|
| D | |
| В | MONETARY |
| (Rev. 07/03) | EXPENDITURES |
| ` , | |
| | CK THIS BOX IF |

| COMMITTEE NAME | (Must be | same as on | Statement of | Organization, |
|----------------|----------|------------|--------------|---------------|
|----------------|----------|------------|--------------|---------------|

| Com | MITTEE | FOR | JOHNSON | | |
|--------------------------------|--|----------------------------|---|--|--------------------|
| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | E E | O ADDRESS TO WHOM XPENDITURE Sement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
| do/13/03 | ID# CK# | WAL-1 DECORA | MART SATSO 4, TA SZWI | BROCHURE PRINTING PAPER AND SOFTWARE | s 97.16 |
| oca/15/03 | CK# | DEGON 107 E. | NEWSPAPERS WATELST 4, IA SZOJ | 2 ASVENTISEMENTS POLITICAL APS | 128.26 |
| 10/15/03 | CK# | 700 CO | 2 PRINTSHOP LLESEDRIUS 4, TASZIO) | PRINTIL FOR BROCHURES | 21.00 |
| wolados | CK# | l | NEWSPAPERS NATER ST. ITA SZIOI | 2 POLITICAL ADS | 128.26 |
| 1/24/03 | CK# | 110 HIGH | RADIO HLAND DR. H, TA SZWI | RADIO SPOTS FOR WEEK PRIOR TO ELECTION | 477.90 |
| 10/24/03 | CK# | KUIK 213. W. DELOROS | RADIO WATER 1, JA 52007 | RADIO SPOTS FOR WEEK PRIOR TO I MON. TUES TO ELEGTIN | 182.00 |
| 142 9/03 | | DECORAH DECORAH | HOW PARENS WATER ST. LO 5707 | THURSDAYS PAPER | 64.13 |
| 10/28/03 | ID# CK# | 700 Con | - PRWTSHUP WIS DR. . ID SZWOT | PRETER + ENLESONS (2000 PIESS) FOR BLITZ MANUAL | 129.99 |

TOTAL (if last page of this schedule)

SUB-TOTAL

\$1228.70

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.6(3)(i).)

| Page | of | 2 |
|------|----|---|
| | | |

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES |
|--------------------------------------|--------------------------|
| | CK THIS BOX IF |

| COMMITTEE NAME (Must be same as on Statement of Organization) | | | | | | | |
|---|--|--|--|---------------------------|--|--|--|
| COMMITTEE POR JOHNSON | | | | | | | |
| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED | | | |
| 10/29/03 | | A DUENTISING FEATURES POBOX 3750 CO. URBANDALE, IA SO323 | TARD SIGNS (250) | \$ 914.56 | | | |
| | ID# CK# | | | | | | |
| | ID# CK# | | | | | | |
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THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.6(3)(i).)

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